



TENNESSEE CONSOLIDATED RETIREMENT SYSTEM

Notice of Nonelection Waiver of Right to Participate

**TO: Board of Trustees, Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201**

			Social Security Number	
Name	Last	First	Middle	Maiden
Department Employed By			Signature of Department Head	

I am receiving retirement benefits from the Tennessee Consolidated Retirement System or a superseded state retirement system as defined in T.C.A. 8-13-144. While receiving retirement benefits, I have accepted employment in a position covered by the Tennessee Consolidated Retirement System. I understand that my benefit must be suspended upon reemployment with an employer covered by the Tennessee Consolidated Retirement System.

Pursuant to T.C.A. 8-36-802, I must elect whether to make contributions to the Tennessee Consolidated Retirement System or whether to irrevocably waive my right to make further contributions and claim retirement service credit for such period of reemployment.

I elect to waive my right to make contributions to the Tennessee Consolidated Retirement System while eligible for retirement benefits and to waive my right to claim any retirement service credit for such period of reemployment.

I understand that this election may not be changed.

I have read the foregoing instrument and have elected to waive my right to participate in the Tennessee Consolidated Retirement System subject to the provisions set out in T.C.A. 8-36-802.

Signature of Member	State of Tennessee, County of
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Personally appeared before me, the within named, _____ makes oath that he or she executed the foregoing instrument. This _____ day of _____, 20____.

Notary Seal

Notary Public: _____

My Commission Expires: _____